Application or Docket Number

### PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

TOTAL CLAIMS			CLAIMS AS	!	SMALL ENTITY			OTHER THAN						
TOTAL CLAIMS	,						OR							
FOR	TO	OTAL CLAIMS			1				RATE	FEE	7			
TOTAL CHARGEABLE CLAIMS	FC	)R		NUMBER	FILED	NUME	BER EXTRA		BASIC FEE	370.00	OR			
INDEPENDENT CLAIMS	TC	TAL CHARGE	ABLE CLAIMS	mir	nus 20=	*			X\$ 9=			X\$18=		
### ### ### ### ### ### ### ### ### ##	INE	DEPENDENT CI	LAIMS	mi	inus 3 =	*					1	V0.4		
* If the difference in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  REMAINING AFTER PREVIOUSLY PAID FOR PRESENT PREVIOUSLY PAID FOR PAID	ML	JLTIPLE DEPEN	IDENT CLAIM P	RESENT										
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS REMAINING AMENDMENT FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  Independent  (Column 1) (Column 2) (Column 3)  CLAIMS REMAINING AMENDMENT FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  Independent  (Column 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER AMENDMENT PREVIOUSLY PREVIOUSLY PRESENTATION OF MULTIPLE DEPENDENT CLAIM  (Column 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER AMENDMENT TOTAL OR ADDIT. FEE  (Column 1)  (Column 2) (Column 3)  RATE TIONAL FEE  ADDIT. FEE  ADDIT. FEE  ADDIT. FEE  (Column 1)  (Column 2) (Column 3)  RATE TIONAL FEE  ADDIT. FEE  ADDIT. FEE  ADDIT. FEE  ADDIT. FEE  TOTAL ADDIT. FEE  TOTAL ADDIT. FEE  ADDIT. FEE  ADDIT. FEE  ADDIT. FEE  TOTAL ADDIT. FEE  ADDIT. FEE  ADDIT. FEE  ADDIT. FEE  ADDIT. FEE  TOTAL ADDIT. FEE  ADDIT. FEE  ADDIT. FEE  ADDIT. FEE  TOTAL ADDIT. FEE  ADDIT. FEE  TOTAL ADDIT. FEE  ADDIT. FEE  ADDIT. FEE  TOTAL ADDIT. FEE  ADDIT. FEE  ADDIT. FEE  TOTAL ADDIT. FEE  ADDIT. FEE  TOTAL ADDIT. FEE  ADDIT. FEE  TOTAL ADDIT. FEE  ADDIT. FEE  ADDIT. FEE  ADDIT. FEE  TOTAL ADDIT. FEE  ADDIT. FEE  ADDIT. FEE  TOTAL ADDIT. FEE  ADDIT. FEE  ADDIT. FEE  ADDIT. FEE  ADDIT. FEE  ADDIT. FEE  ADDI	* If	the difference	in column 1 is	less than ze	s than zero, enter "0" in column 2			<b>'  </b>	<u> </u>		-	<u> </u>		
Column 1					•				TOTAL		OH			
REMAINING   RATER   PREVIOUSLY   PRESENT   RATE   TIONAL   FEE			(Column 1)	MAICHALL	(Colun	mn 2)	(Column 3)							
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	ENT A		REMAINING AFTER		NUMI PREVIO	BER OUSLY			RATE	TIONAL		RATE	ADDI- TIONAL FEE	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	NDM		*		**		=		X\$ 9=	,	OR	X\$18=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   140=	AME				<u> </u>	T OL ALA			X42=		OR	X84=		
Column 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER PREVIOUSLY PAID FOR Independent * Minus *** = ' Independen		FIRST	NIAHON OF INC	JULIPLE DE	ZENDEN	CLAIIV	<u> </u>	<sup>‡</sup> [	+140=		OR	+280=		
Column 1)   Column 2)   Column 3    RATE   ADDI- RATE   TIONAL FEE   ADDI- FEE   Total   * Minus   ***   =					L									
REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR PRESENT EXTRA PRESENT TOTAL ADDIT. FEE    Total			(Column 1)	<u> </u>	(Colur	nn 2)	(Column 3)	. ,	WOII, FEE		. <i>'</i>	ADDII. FEE		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	MENT B		REMAINING AFTER		HIGHI NUME PREVIC	IEST BER DUSLY	PRESENT		RATE	TIONAL		RATE	ADDI- TIONAL FEE	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	NDN				**		= i		X\$ 9=		OR	X\$18=		
Hade   Column 1   Column 2   Column 3	AME		L			- C1 A1M	]=	[	X42=		OR	X84=		
COlumn 1) (Column 2) (Column 3)  CLAIMS REMAINING NUMBER PRESENT EXTRA  AMENDMENT PREVIOUSLY PAID FOR  Total * Minus *** = X\$9= OR X\$18=  Independent * Minus *** = X42= OR X84=  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."		FIRST FRESE	NIAHUN OF WO	IFI INTE DEL	ENDEN	CLAIN		1	+140=			+280=		
(Column 1) (Column 2) (Column 3)  CLAIMS REMAINING NUMBER PRESENT AFTER PREVIOUSLY PAID FOR TOtal * Minus ***  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								L		<u> </u>	<b>L</b>			
CLAIMS REMAINING AFTER AMENDMENT  Total  * Minus  *** FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."		<u></u>					(Column 3)	•			Ι ,	ADDN. FLL	***************************************	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."	MENT C		REMAINING AFTER		NUME PREVIO	BER DUSLY	PRESENT		RATE	TIONAL		RATE	ADDI- TIONAL FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."	NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."	AME			<u>.ll</u>					X42=			Y94=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."		FIRST PRESE	NTATION OF ML	JLTIPLE DEP	ENDENT	CLAIM		╽┠			OH			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE ADDIT. FEE	* }	f the entry in colu	mn 1 is less than th	re entry in colu	mn 2 write	"O" in col	Jumn 3	L			OR			
	**	If the "Highest Nun If the "Highest Nur	mber Previously Pa Imber Previously Pa	aid For" IN THIS aid For" IN THIS	S SPACE is S SPACE is	s less thar s less thar	n 20, enter "20." In 3, enter "3."	~	DDIT. FEE			ADDIT. FEE		

### Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective November 10, 1998

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CLAIMS AS FILED - PART I										ENTITY		OTHER THAN		
(Column 1) (Column 2)  FOR NUMBER FILED NUMBER EXTRA								<u>.</u>	TYPE		OR	SMALL	ENTITY	
FC	)R 		NUMBE	ER FILED		NUMBER	EXTRA		RATE	FEE	]	RATE	FEE	
ВА	SIC FEE									380.00	OR		760.00	
TC	TAL CLAIMS		18	minus:	20=	*			X\$ 9=		OR	X\$18=		
	EPENDENT C		3	minus	*	**		X39=		OR	X78=			
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL		OR	TOTAL	762.00	
	С	LAIM	S AS A	MENDE	-:			<del>.</del> .	OTHER					
			ımn 1)			olumn 2)	(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		REM. AF	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*		Minus	**		=	] ]:	X\$ 9=		OR	X\$18=		
AME	Independent FIRST PRESE	*	NOEM	Minus	***		=		X39=		OR	X78=		
	FIRST PRESE	MIAIIC	N OF MI	JETIPLE DEI	ENL	ENT CLAIM	<u>:</u>		+130=		OR	+260=		
					<u> </u>	TOTAL		OR	TOTAL ADDIT. FEE					
		(Coli	ımn 1)		(C	olumn 2)	(Column 3)	AL.	DIT. FEE		`	ADDII. FEE		
8	9	CL	AIMS			HIGHEST		Г		ADDI-			ADDI-	
K		AF	AINING TËR DMENT		PÉ	NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATÈ	TIONAL FEE		RATE	TIONAL FEE	
<b>AMENDMENT</b>	Total	*	9	Minus	**	20	= /		X\$ 9=		OR	X\$18=	I bus bus	
AME	Independent	* *	3	Minus	***		=		X39=		OR	X78=		
	FIRST PRESE	NTATIO	N OF MU	JLTIPLE DEF	PEND	ENT CLAIM			+130≃		OR	+260=		
	•							AD	TOTAL DIT. FEE		OR	TOTAL ADDIT, FEE		
		(Colu	ımn 1)		(C	olumn 2)	(Column 3)							
AMENDMENT C		CL	AIMS AINING		I	HIGHEST NUMBER			<u>_</u>	ADDI-	ſ		ADDI-	
		AF	TER DMENT		PR	EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*		Minus	**		=	-	X\$ 9=	,	OR	X\$18=		
ME	Independent	*		Minus	***	*.	=		X39=			X78=		
۷	FIRST PRESE	NTATIO	N OF ML	JLTIPLE DEF	PEND	ENT CLAIM		-	<b>^</b> 08=		OR	∧/o=		
		d !- 4:							130=		OR	+260=		
**	f the entry in colu f the "Highest Nu	mber Pre	viously Pa	id For IN THIS	S SPA	CE is less that	n 20, enter "20."	AD	TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE		
	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1													

## This For is for INTERNAL PTO E ONLY It does NOT get mailed to the applicant.

# NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/390 051

#### Total Fee Calculation

Code	Total # Claims	;	Number					
T a			Extra	<u> </u>	Fee	Fee	=	Total
Lg.					Sm. Entity	Lg. Entity		
101						<u>760.00</u>	=	760.00
103		-20 =		, <b>x</b>			=	<del></del>
102		-3 =		x			=	
104							=	***********
105	•					130,00	=	130 63
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mination								
	103 102 104 105 9 polication:	101 103 102 104 105 9 Poplication: \$ 390,	$\frac{101}{103}$ 20 = $\frac{102}{104}$ 3 = $\frac{104}{105}$ splication:  \$\frac{890.00}{105} = \$\frac{870.00}{105} =	$\frac{101}{103}$	$     \begin{array}{ccccccccccccccccccccccccccccccccc$	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$

Figure 7